



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 3 APPLICATION : REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION WORK

1. BUILDING DATA

Address: Street _____

Town _____ State _____ Zip _____

Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved _____

Project # _____

2. OWNER

Name _____

Organization _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

FEIN, Social Security Number, or CT Tax Registration # _____

Check one:

- ☐ Non-profit housing corporation documentation attached (check one):
- ☐ copy of certificate of incorporation
 - ☐ copy of certification letter as Community Housing Development Organization (CHDO)
 - ☐ other data, specify: _____
- ☐ Non-profit housing corporation documentation previously filed.
- ☐ Non-profit housing corporation documentation does not apply.

3. DATA ON REHABILITATION PROJECT

Date rehabilitation work completed _____ Number of residential units _____

Total Rehabilitation Expenditures \$ _____

Date of tax credit reservation _____ Reservation # _____

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Homes Rehabilitation Tax Credit Program. I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

The Department of Economic and Community Development has reviewed the Part 3 application, "Request for Certification of Completed Work," for the above-listed historic property and has determined that:

- ☐ The completed rehabilitation work meets the Standards for Rehabilitation.
- ☐ The completed rehabilitation work does not meet the Standards for Rehabilitation.
Comments attached.

Tax credit reservation # _____ is hereby cancelled.

Authorized signature
Department of Economic and Community Development

Date _____